

Department of Human Services  
Bureau of Human Service Licensing

June 8, 2021

[REDACTED] DIRECTOR  
RESOURCES FOR HUMAN DEVELOPMENT INC  
4700 WISSAHICKON AVE, SUITE 126  
ATTN MARCO GIODANO  
PHILADELPHIA, PA 19144

RE: NEW OPTIONS I  
1419-21 POWELL STREET  
NORRISTOWN, PA, 19401  
LICENSE/COC#: 12804

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** NEW OPTIONS I **License #:** 12804 **License Expiration Date:** 06/07/2021  
**Address:** 1419-21 POWELL STREET, NORRISTOWN, PA 19401  
**County:** MONTGOMERY **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6102790244 **Email:** [REDACTED]

**Legal Entity**

**Name:** RESOURCES FOR HUMAN DEVELOPMENT INC  
**Address:** 4700 WISSAHICKON AVE, SUITE 126, ATTN MARCO GIODANO, PHILADELPHIA, PA, 19144  
**Phone:** 6102920225 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 07/23/2004 **Issued By:** Commonwealth of Pa

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 11 **Waking Staff:** 8

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 04/21/2021

**Inspection Dates and Department Representative**

04/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 12 **Residents Served:** 11

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 3 **Are 60 Years of Age or Older:** 7  
**Diagnosed with Mental Illness:** 11 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

04/21/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/23/2021*

5/20/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2021*

6/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/07/2021*

6/8/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 4/21/21, the home's current license, and current violation report, dated 8/28/19, was not posted in a conspicuous and public place in the home.*

#### Plan of Correction

**Accept**

*The current license is posted at the front entrance in the home. The administrator or designee will review posting weekly to ensure all required posting are posted in a public place in the home. Picture attached*

**Completion Date:** 06/02/2021

#### Document Submission

**Implemented**

*Documentation provided*

### 65a FS Orientation 1st Day

#### 1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

## 65a - FS Orientation 1st Day (continued)

**Description of Violation**

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics until [REDACTED]: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics until [REDACTED]: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

**Plan of Correction****Accept**

New employees will not be allowed to be onsite at PCH until they are trained to handle emergency situations and resident safety. All staff involved in the hiring process will be re-educated on the required training for new hires. Notification of hire attached.

Completion Date: 06/03/2021

**Document Submission****Implemented**

Documentation provided

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 4/21/21, during the medication administration review, staff person C did not sanitize or wash [REDACTED] hands in between each resident while administering medications.

**Plan of Correction****Accept**

Staff person C was trained by the facility Nurse, proper hand sanitization when dealing with multiple when dealing with multiple residents when administering medication and Covid-19 protocols. All staff who are trained to administering medications will be re-educated on proper hand sanitation. Certificate attached

Completion Date: 06/02/2021

85a - Sanitary Conditions *(continued)***Document Submission****Implemented***Documentation provided*

## 96a First Aid Kit

**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Repeat Violation**

*The first aid kit in the medication office does not include a thermometer.*

*Repeat Violation: 8/28/2019*

**Plan of Correction****Accept**

*Thermometer strips were bought and put inside first aid kit. Administer or designee person will check first aid kit weekly to ensure required items are present in kit. Picture attached*

**Completion Date:** 06/02/2021

**Document Submission****Implemented***Documentation provided*

## 225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident #1 s most recent assessment was completed on 2/12/20.*

**Plan of Correction****Accept**

*The current assessment was misfiled and was not able to access during the inspection. It was discovered the next day. Plan is in book and in the correct place. Administrator or designee will complete an initial audit of all resident records to ensure current RASP's are present. In addition to audit of resident records will completed monthly to ensure compliance. Picture attached.*

**Completion Date:** 06/02/2021

**Document Submission****Implemented***Documentation provided*